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CONFIRMATION NO. 3813

<b>SERIAL NUMBER</b> 10/063,981	<b>FILING OR 371(c) DATE</b> 05/31/2002 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 3626	<b>ATTORNEY DOCKET NO.</b> 112210XZ (GEMS0138PUS)	
<b>APPLICANTS</b> Carson Thomas, Brookfield, WI; Sally Lee, Ithaca, NY; Renuka Uppaluri, Peewaukee, WI;					
<b>** CONTINUING DATA *****</b> <i>NONE NP</i>					
<b>** FOREIGN APPLICATIONS *****</b> <i>NONE NP</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 06/12/2002					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> <i>[Initials]</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> WI	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 21	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 61604					
<b>TITLE</b> Anonymizing tool for medical data					
<b>FILING FEE RECEIVED</b> 758	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		